

MIDDLE TENNESSEE STATE UNIVERSITY
SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION

Individuals complete Parts I & IV, Partnerships complete Parts II & IV, Corporations or other Entities complete Parts III & IV

I. INDIVIDUAL OR SOLE PROPRIETOR

Name of Individual or Owner: _____

Business Name: _____

- A. _____ I - Individual (not owning a business) **Social Security Number (SSN)** _____ -- _____ -- _____
- _____ A- Sole Proprietor of Business Social Security Number (SSN) _____ -- _____ -- _____
 (with no other employees)
- _____ B- Sole Proprietor of Business Employer Identification Number (EIN) _____ - _____
 (with 1 or more employees)

B. **Citizenship Status:** I attest under penalties of perjury, that I am (check one of the following):

1. _____ U.S. Citizen
2. _____ Lawful Permanent Resident (Alien # _____)
3. _____ Nonresident Alien

NOTE: If you are a Nonresident Alien further information is required before payment can be made. Please contact the Office of Accounting Services at (615) 898-2940.

II. PARTNERSHIP

Partnership's Employer Identification Number (EIN) _____ - _____

III. CORPORATION OR OTHER ENTITY

Employer Identification Number (EIN) _____ - _____

- _____ C - Corporation _____ S - Sub-Chapter S Corporation _____ M - Medical/Health Corporation
- _____ R - Real Estate _____ N - Not-for-Profit Corporation _____ G - Governmental Entity/University
- _____ O - Other (Please Specify) _____

IV. CERTIFICATION

NAME (for individuals)
 or Business Name: _____ **Phone Number:** (_____)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Foreign Address: _____
 (Enter city, province or state, postal code, and country)

Under penalties of perjury, I certify that the information, which I have provided on this form, is correct.

PAYEE SIGNATURE: _____ **DATE:** _____